

Time Critical Diagnosis (TCD)-Stroke and STEMI System Document

STEMI-Specific-Out of Hospital

Number 10. STEMI protocol for prehospital personnel

Draft 8/6/09

TITLE: STEMI Protocol for Emergency Medical Services

DISTRIBUTION: All Emergency Medical Services Personnel

PURPOSE: To outline the treatment guidelines regarding patients experiencing a suspected stroke. Stroke should be treated as a time critical emergency.

PROTOCOL:

1. Obtain a 12-Lead ECG within 5 minutes of patient contact and transmit as early as possible to the receiving facility. If time permits, obtain serial 12 leads during transport. 15 lead if time permits?
2. ABCs; administer oxygen; obtain vital signs & history; apply ECG and continuously monitor.
3. Decide which STEMI center to transport to and determine if patient should be transported by ground or air.
4. Unless contraindicated, administer 4 chewable baby aspirin (81 mg. each).
5. Begin transport urgently (within 10 minutes) to a STEMI center. In the event the patient develops an unmanageable life-threatening situation while enroute, contact the closest hospital and obtain orders and/or authorization to divert to that facility.

NOTE: An *appropriate facility offering primary PCI* as defined by TCD regulation.

Level ? if < ? minutes

Level ? if > ? minutes but < ? minutes

6. Obtain medication and allergy information.
7. Establish IV (preferably in Left arm).
8. If SBP > 140 mmHg and patient is presenting with cardiac type chest pain or discomfort, administer *Nitro* sublingually per regional protocol. If RV infarct identified do not administer nitro. Ask if the patient is taking an ED drug.
9. If BP < 90 mmHg and patient is not in acute pulmonary edema administer a 300 mL fluid challenge.

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10. If chest pain is still present administer MORPHINE SULFATE (*Morphine*) in increments of 2-4 mg, titrate to relief of pain.
11. Contact Medical Control for further orders as soon as possible. Examples of possible orders listed below.
12. Patient handoff at the hospital should include:
 - patient assessment and condition upon arrival, including time of onset,
 - copies of 12-lead ECG;
 - care provided;
 - changes in condition following treatment; and
 - specific immediate family contact information.

Do we want organize under categories of steps done on scene, done en route and done at handoff?

Acronyms:

BP-Blood Pressure
ECG-Electrocardiogram
ED-Emergency Department
EMS-Emergency Medical Services
EMD-Emergency Medical Dispatchers
IV-Intravenous
PCI-Percutaneous Coronary Intervention
STEMI-ST-Elevation Myocardial Infarction

Stroke and STEMI meetings at which STEMI Work Group contributed input to this document:
2/10/09